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<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/772,840-Conf. #6012</td> </tr> <tr> <td>Filing Date</td> <td>February 4, 2004</td> </tr> <tr> <td>First Named Inventor</td> <td>Michael Hogendijk</td> </tr> <tr> <td>Title</td> <td>RIBBON-TYPE VASCULAR PROSTHESIS HAVING STRESS-</td> </tr> <tr> <td>Art Unit</td> <td>3773</td> </tr> <tr> <td>Examiner Name</td> <td>Vy Q. Bui</td> </tr> <tr> <td>Attorney Docket No.</td> <td>NOCO 1005-1</td> </tr> </table>	Application Number	10/772,840-Conf. #6012	Filing Date	February 4, 2004	First Named Inventor	Michael Hogendijk	Title	RIBBON-TYPE VASCULAR PROSTHESIS HAVING STRESS-	Art Unit	3773	Examiner Name	Vy Q. Bui	Attorney Docket No.	NOCO 1005-1
Application Number	10/772,840-Conf. #6012														
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First Named Inventor	Michael Hogendijk														
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Examiner Name	Vy Q. Bui														
Attorney Docket No.	NOCO 1005-1														

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.  
OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

22470

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:  
OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

City	State	Zip
Country	Telephone	Email


I am the:

☐ Applicant/Inventor.  
OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on*

**SIGNATURE of Applicant or Assignee of Record**

Signature	Date
Name	Telephone
Title and Company	

  
 Eric W. Leopold  
 VP Operations, NovoStent Corporation

9/9/08  
 (650) 404-0303

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of 1 forms are submitted.

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: 10 September 2008Signature: /Marianne M. Holland/ (Marianne M. Holland)